

Kentucky Transportation Cabinet **Division of Motor Carriers**

TC 95-311 11/2011

TAXICAB INSPECTION

MAIL TO:

PO Box 2007, Frankfort KY 40602-2007 Phone: (502)564-1257 Fax: (502)564-4138 8:00 am - 4:30 pm EST Walk-ins: 8:00 am - 4:00 pm EST http://transportation.ky.gov/motor-carriers

		IN	SPECTION INFORM	ATION			
Annual	Additional Vehicles Random Date of Ins				ection		
Company Name	ne Ce						
			VEHICLE INFORMA	TION			
Type of Vehicle:	: Sedan □	Van □	Vehicle Milead	je			
	Make			KY License #	·		
VIN No.							
		PASS	FAIL		PASS	FAIL	
Light				Tires			4
Head	<u> </u>			Right Front			
Low E				Left Front			4:::::::
	Beam			Right Rear			_
	ng Lights			Left Rear			_1:::::::::
	signals						
Emer	gency Flashers			Miscellaneous			
Taillig	phts			Seat Belts			
Brake	Lights			Dome Light			
Back	Up Lights			Mirrors			7::::::::
	· •			Operable Trunk			7
		1		Muffler			7000000
		1					7::::::::
Comments/Not							
Inspection Re	esults Pass		Fail 🔲				
Inspected By	(Print Name)				_		
Signature of in							
Address of Inspection ASE Certificate Number					_		
					#		